BHRT Education - February 19

[@0:00](#) - **Gabriel Terraza**

Let me know, like honestly, yeah. So you're there now?

[@0:03](#) - **Ryan Christmas (iamryanxmas@gmail.com)**

You're there in Guatemala? Yeah, yeah, yeah. Okay, all right, awesome.

[@0:07](#) - **Gabriel Terraza**

Interesting.

[@0:09](#) - **Ryan Christmas (iamryanxmas@gmail.com)**

Yeah, Luis is in Bogotá, I think, right?

[@0:13](#) - **Gabriel Terraza**

Oh yeah, yeah, I'm sorry, I'm in Bogotá, Colombia.

[@0:16](#) - **Luis Alejandro**

Awesome, okay.

[@0:17](#) - **Ryan Christmas (iamryanxmas@gmail.com)**

I haven't been to Bogotá yet, but I have visited Colombia, so I've been to Medellin and Cartana. Oh, nice.

@0:28 - **Luis Alejandro**

If I had gone to Colombia first, before Mexico, there's a good chance I'd be living there right now.

@0:34 - **Ryan Christmas (iamryanxmas@gmail.com)**

Like, happy time when I was there.

@0:37 - **Luis Alejandro**

Yes, there is quite a number of a lot of foreigners that come here and they ended up staying. I got a few friends that, some are from Michigan, and he ended up marrying a Colombian girl and he's currently living here, so...

That's what happens, you know? That's what happens.

@0:59 - **Gabriel Terraza**

happens. That's the biggest danger about Colombia, falling in love and staying over here, yes, that's great.

@1:08 - **Ryan Christmas (iamryanxmas@gmail.com)**

They made me get a return ticket, otherwise I'd probably stay there. Yeah, yeah, it's pretty cool, pretty calm.

@1:16 - **Luis Alejandro**

I believe Andres is here in Bogota as well. Yeah, where is he?

- **Thuy Cao (Voshell's Pharmacy)**

I gotta start guys. Yeah, yeah.

- **Luis Alejandro**

But just to speed up things with my side, I did have some, I did get to listen to some of the webinar last night, which is very interesting.

And, but unfortunately, I did not get to hear the whole thing. So I'm not sure if this was recorded or if there was...

It's It's always recorded.

- **Thuy Cao (Voshell's Pharmacy)**

It's on the drive. All the webinars we did, are the same topic for the remote. Awesome. As you can see, there was...

There's no new people joining yesterday, and that's why I brought Andres in to change that, you guys too, because I heard, I wasn't there, but I heard that the girls asked you a lot of questions.

Yeah, yeah, we talked a lot, honestly.

- **Gabriel Terraza**

They were really nice, like, it was good because we got to meet them, and we also arranged, like, getting together on Friday and Monday, I believe.

Well, hold on your hostess on that one.

- **Thuy Cao (Voshell's Pharmacy)**

There's a reason why I kept you on the side. Usually, they were the ones. So, usually, Laura, she's the older one, but Laura, with us, so usually she does take care of the SDR, like you.

It didn't panic anything, in terms of sales. So, this time, I am the one teaching you.

- **Luis Alejandro**

That's okay, yeah, we can do everything with you if you...

- **Gabriel Terraza**

Yeah, but I don't know.

- **Thuy Cao (Voshell's Pharmacy)**

I won't influence my judgment, you know, but there's a reason why I did that and I put you, but eventually I'm gonna have to bring all of you all together and do the proper introductions.

Okay. awesome, awesome. All right, let's start. don't know where Andrew is, but I've got to start. Hi, Rana. Hi, Thuy, what's up?

- **Rana @Voshell's**

Great.

- **Thuy Cao (Voshell's Pharmacy)**

So I'm just going over the BHRT, doing some foundational education pieces. It's not 100% related to you, Ryan. However, it can be useful in terms of why I'm opening that infusion.

I see. Okay. Okay. Okay. So we're going to do one on BHRT. The next one is going to be on urology and ophthalmology.

And it's related to you, Rana, because then you understand the patient journey, the prescriber journey, and then you can plug in the AI stuff for me and the automations.

If anybody can slag Andres, I'm going to start now. I already slagged it, yeah. don't know why.

- **Gabriel Terraza**

I'll just drop a message, but I think it's offline.

- **Rana @Voshell's**

Alright, here we go.

- **Thuy Cao (Voshell's Pharmacy)**

So today we're going to do BHRT. So you have a taste yesterday of what BHRT. what I'm trying to do is that to tell them we are not selling fan.

You are not selling pills. Actually, you want to... That is a goal. That is a goal throughout the whole process.

Have you watched the webinar on the presentation we did on the chain link? The slides?

- **Luis Alejandro**

I believe there was a slide. Yes, but there was a presentation on it.

- **Thuy Cao (Voshell's Pharmacy)**

Did you watch it last week? I told you to watch it. Do you get it?

- **Ryan Christmas (iamryanxmas@gmail.com)**

I personally did not watch it.

- **Luis Alejandro**

I did not watch it, but I did get to complete the FWA yesterday in the HIPAA, which I finally got access to.

But yeah, I need to. That's in our drive? Ask Rana.

ACTION ITEM: Share value-chain link deck link w/ Luis, Ryan, Gabriel - WATCH

- **Thuy Cao (Voshell's Pharmacy)**

Rana asked Lola where she put the value chain link presentation from December. It should be on our table. and those are the things that it's not consistent maybe it's on Ken was but i'll show you the link of the air table yeah it should be on the air table okay so we're all part of a chain from a to z for the patient journey it start with marketing direct response marketer funneling in SDRs and then when we have the prescriptions we're enticing the providers to come then then the patient journey start then it's everything operations here to customer service to at the end you following with the doctors and um Ryan or Andres to following with the patient to see how their journey went so we're all part of a link if one link breaks the whole patient journey suffers the patient at the end is not happy you

The doctor at the end is not happy, so we want to make sure that our channeling is tight, as much as possible, and short.

The idea is to attract not long-time customers or clients at the beginning, but raving fans, right? We want to turn them into raving fans.

They talk about us with their friends, the doctors talking about us with other colleagues. That's the idea. So we are selling here personalized medications, like I said.

The retail pharmacy is mass-produced. One size fits all. The dosage is fixed. It contains preservatives and fillers. You take it or leave it, or the doctors substitute to something else, right?

So that's the concept of pharmacy. that's the isluence The leading would But FDA hasn't approved it for this, you know, for COVID, right?

So, but some doctors doing the protocol, as long as they document it, and then they document it and they look at studies and justify the beneficial of that, we as a pharmacy can help a doctor come up with new protocols that might be beneficial.

That's what I like about it. Do you get what I, what we can do as a pharmacy? So, because we are patient specific, we can customize and work along with the doctors.

And those are the doctors that we want to try to help out. Long story short, we also had a case last year about, a sad case, about a patient.

And her doctor, her caretaker was a lawyer, that was her daughter. The patient was 85 in nursing homes, he has a DNA, basically, the family say, we want him to die peacefully.

The doctor, I think they tried so many things, they didn't work, but he looked at some protocols, and he gave us what he wanted.

We the patient to pass away peacefully with their family at the time they chose. So in that case, we made it specific to the patient, loaded with a lot of things, ingredients, so that the patient can pass away because it was a terminal disease.

They couldn't do, he was at the end, but he was suffering. All the morphine that they gave wasn't enough for him.

So the family said, okay, it's time to let him go. So that's sometimes what we do. It's that saw.

we're we're do in difficult situations, right? So that's kind of why patients call us, because either they're frustrated, or the commercial drugs failed, or they have the side effects, or they felt unheard.

So that's what we are at Voshell's Pharmacy, right? But we always have safety first. We have to really find out if it's actually safe before we do the compound.

So we have a team of clinicians behind us that help us with that as well, because we don't know it all.

So that's why we are members of some associations. For example, PCCA membership is one of the longest compounding entity alliance that we're members of.

They have a standard. So whatever they bring in... They're testing it. So they are FDA inspected and registered. So those are two words I really want you to focus.

We are not buying ingredients that are just FDA registered. Anybody can be FDA registered. You send a registration, fine.

You send me the protocols, you know, they have a list of SOPs, and then, of course, you registered, right?

It only takes probably a year or two years later down the road for them to come and inspect us.

By that time, you can damage a lot of people if you're not doing it right, right? So we are adamant about finding partners that are FDA registered and inspected.

And that's why Rana came in and we got a check. So because we're following to the guidelines, USB guidelines.

And what's out there is really difficult for us, as a pharmacy, to know if they are legitimate business to work with.

So I told Radana to make automations for us, so that it checks against the FDA database, lawsuits online of all the vendors, on a monthly basis, so that we know right away, or clinicians, or doctors, right?

Because we're as faulty as doctors. So if the doctors write a bad prescriptions, and they know, we're as faulty as him.

So if we have, and if that doctor do shady things, we need to know right away, so we stop filling his prescriptions.

So that's why that automation that Rana has worked and has done alerts me, okay, this one we've got to reevaluate, we've got to reevaluate our relationship.

So that's how serious we are, and he did a good job on that. But now you understand the whole picture, right, Rana?

Yes, of course.

- **Rana @Voshell's**

very much. Thank

- **Thuy Cao (Voshell's Pharmacy)**

So there's standards. Once we got our NABP accreditation, you can slap that to them and say, hey, how many compounding pharmacies has NABP accreditation in Maryland?

You can Google that for compounding pharmacies. It's tough. And then we uphold to high standards and you can say, you're going to get the same quality each and every time for each of your patients.

So that's when you can theoretically achieve the best results each time. That is your word, not bargaining, not saying, I'm going to lower your price.

You can do that with them if you give me the volume. But we, that is why we send to testing.

We don't buy cheap ingredients out there. I got emails all the time about vendors from overseas and say, hey, you're a compounding pharmacy.

Do you need this? Do you need that? I don't look at those. Even they are 10th cheaper. Sometimes you would know.

Sometimes the difference in pricing at the beginning of a total appetite, there were people selling for, I bought it for $10,000 a gram at the beginning, you know how much is a gram, for $10,000 a gram, there were people selling it to me for $2,000 a gram, did I go with the $2,000, heck no, because I don't know where you're coming from, if I'm taking yours, I'm going to have to send for testing and all of that, and if you look at the FDA, the FDA has made a new ruling for Semangutan and Trezopetat, GLP-1, we have to buy it from their green list, Google, FDA green list.

So before I bring up new vendors, I'm sending them a quiz, an assessment, I need you, I think, ran out to me that was Austin as well.

Each year, they got to update that, and And it's like five pages that I send them and ask them, have you been audited?

What is the result? What is your new process? Why are you outsourcing? What happens if something defaults? I need to know all of that.

So yes, they're cheaper versions, but in the long run, it's going to come back. But at the end of the day, I want to be able to sleep at night and not worrying about what I'm doing and what I'm giving to my patients.

Okay? Any questions so far?

- **Gabriel Terraza**

So what did you say was the…sorry, go ahead, Luis? No, no, no. Go ahead. Go ahead. Oh, the accreditation that we were waiting for, you said it was PVA.

So I'm going to put it here. Hold on.

- **Thuy Cao (Voshell's Pharmacy)**

be lying may standard advantage. Yeah, worry show Amen. But telehealth companies out there, they want us to be Legiscript certified and NABP.

So if you're Legiscript certified, it means that you are really a legitimate pharmacy, compounding pharmacy. You have gone through some process to verify.

There are so many pharmacies out there. They might not be certified because they're not following some protocols. So they might be shady.

So that's basically how they differentiate. And having this opens meta for us. Having this open the possibility for us to be online and be able to sell supplements online and also drugs online.

All right. right. Move on. So for hormones. Move So it affects, it protects your mood, it can affect your anxiety, it can protect your focus and your clarity and your memory and your retention.

Hormones affect the structure, the integrity of your bones, okay? You get fragile if your hormones are not balanced, you're getting early osteoporosis.

It's a way to prevent it if your hormones is balanced. Bone density and physical strength. So, think about hormones as a software and your body is the hardware, okay?

You can have the toughest hardware, but if your software doesn't give the signals, does message to the different part of the body, that's why people fall.

feeling. people are And I Let's And they don't get tested in a regular basis, and it can, there are some that might not benefit them and doesn't align with their, with their body.

@28:15 - **Luis Alejandro**

Yeah, I've seen that with, you know, past women that I've gotten to know that their hormone balance, when they go on the injection, they just get emotionally screwed up.

Right.

@28:30 - **Thuy Cao (Voshell's Pharmacy)**

And they claim everything on men, so yeah, I know. Yeah. So if your, if your wife wants to strangle you.

Oh, she's done that. At one point, same thing with my husband, sometimes I was hot, I'm like, get away.

She's just like, you want to dump them in a ditch, and then say, don't, don't, don't, don't go, don't talk.

It's a whole hormone. Same thing with men, but you're not as, you're not fluctuating as much. But you do have your specs.

You do have yours. Why? Our gut health is the worst one. Because of the usage of antibiotics, you need to keep some good probiotic enzyme in your guts to do the things they're supposed to do.

And the food that we inject in ourselves are most likely engineered or modified genetically. Basically, we're suffering from the great industrialization period.

We're paying for the decision they made the last century. And it's worse and worse. And in Europe, because I know in Europe, they're very strict on those things.

They know that there are things, additives and chemicals. they know how to manipulate everything, all the signals, all the good, feels, cravings, sweet signals here in the U.S., where in, for example, in Europe, there are some things that is not allowed, but they're still managing to.

So that's why in Europe they're all, they're all having butter, milk, whole milk, and they're thin like this, but here you're on low diet, low fat, everything is low fat, you know, sugar-free, all those sugar-free things are the worst ones, I'm telling you.

Because you're substituting it for a chemical. Low fat is the same thing, they're skimming the good part of, you know, it's part of, like you say, the lifestyle, definitely.

And that's...

@32:00 - **Gabriel Terraza**

That's so true because you know what happened to me in Canada is I became lactose intolerant and that never happened here in my country and then I came back and it's weird because the same food that I was eating like back in Canada is not affecting me the same way so I can eat like cheese, other kinds of like food, and it doesn't really affect me at all.

@32:25 - **Thuy Cao (Voshell's Pharmacy)**

So because it's processed yeah it's processed and they're made in plants I mean Ryan you can you know it's it's it's that but in you know in other countries the four-legged animals are still you know on the grass here they are nowhere to be found they are just in cages yeah scary yeah anyway so there's also one

One avenue that, just in the back of your mind, when you talked about, I don't know what happened here, when you talked about hormone, it also affects adults.

Think about it. The kids, the young kids, the young adolescents that have acne, every time they're saying, oh, it's your skin, it's your skin, but it's a hormone imbalance because they're growing.

But if you can manage that, they'll be able to, it's an excess androgen, leading to the oil overproduction. So if you can monitor those androgen, you'll be able to, you know, get them to feel better.

And then if they have acne issue a lot at school, you know what it's going to relate to. So low self-esteem, depressions, low school at schools, it just triggers

ACTION ITEM: Send BHRT clinician deep-dive materials to Luis, Gabriel, Ryan - WATCH

So you can also look at, I will send it to you, but I'm working on a more robust materials for the clinicians deep dive.

Don't give out all your tricks and tools when you get talk to the doctors, just hold them to them so that they're reaching back to you, you know, that's kind of, see it.

So saliva sometimes is better for topicals. Why? Because when you apply a cream, goes straight to the tissues, right?

The blood tests miss this and often show low levels, even when the patient feels great. Saliva tests capture the real tissue level.

So those are the kind of clinical headaches. Thanks. My patients are getting better on generic drugs. So one other thing is that when you're talking to the doctors to get prescriptions sent over, so you have to really ask questions.

Listen and ask questions. So what's your bottleneck? Who are you trying to help? What are their problems? The more questions you ask, you're like, you're putting a detective hat and some of the answer might be in micro dosing, like instead of 1.25 versus 1.

So you have to find the sweet spot. I hate dealing with insurance prioritizations. We are affordable with zero insurance.

So it's not actually $40. It's about $60 to $100, depending on the volume. I don't know how to dose and interpret saliva.

We can help. So that is the video is a do to Same thing in hormone, CRP, the doctors, I don't know how, we here, we can help you to get that, just send me the lab, or let me send the lab to the test kit, so if you ask them, send me the lab, it's going to take forever, so that we're trying to streamline that process and say, hey, who's the patient, I'll take care of the rest.

Like we send the information to the patient directly?

@37:28 - **Gabriel Terraza**

Yes. On behalf of the prescriber, right? Yes. Okay.

@37:32 - **Thuy Cao (Voshell's Pharmacy)**

So we are just, we are your clinical partner, not just a pharmacy. That's the message. We want to help them grow their practice clinically, and then the patients will feel better, they will refer more friends, that's the idea.

So we are patient-centric, education first, holistic support, active follow-up. don't want of our partner, of psychologically. We don't want

Don't just use you to age, but age well. That's kind of what Hormone Balances is. Age well with more energy and, you know, like you used to feel when you were younger.

And don't say, oh, it's part of aging. No. Here I'm going through an hour patient journey and I'm going to end up here.

Oops, it got weird. Let me send you another one.

- **Gabriel Terraza**

Yeah, we were talking about that yesterday that there's a lot of like skepticism, like around like facing the fact that it might be hormonal and not just though you don't have energy when you're, you know, like in your 40s.

just breaking that like scheme, right? That's happening in the US. And. Here, we were commenting that in Latin America, that's very true.

I don't know about you, like Luis in Colombia, but like here, it's just, yeah, you just face it. You wake up, you go, like, it's just work, right?

Like, go through whatever kind of motions you're going and just ignore it. More for men, honestly. Like, but yeah, it is.

I think it is. I think it's more of a fear.

- **Luis Alejandro**

People fear. Doctors, people fear. Medicine, people fear. Or they're also not, how can I say, not brave enough to say things out loud that there's something wrong with them.

So, um... That's what we're trying to do. Change that.

- **Thuy Cao (Voshell's Pharmacy)**

And don't like, same thing for the Asian people. You know, it's part of aging, it's the weather, you're going to be fine.

Everybody, centuries, people went They through that, so you're going to be fine as well. Right. But there's a solution.

You know... What we're trying to say. Yeah. All right. So this is a prescription journey for you to understand from when the doctor sent it to the patient.

Some of them might not be relevant because we switched on business model again. So when we receive a prescriptions here, that is for Rana, this one.

So you understand how Pioneer works and everything I'm trying to automate. That's why I put you in the call.

Okay. But you also need to know because as an SDR, so you're going to call in, you know, as SDRs, you're going to talk to doctors, but you have to figure it out how the doctors are working so we can minimize the bottlenecks and then plug in where we can so that it's a smooth transition from, you know, from the office to us.

Communication is the key. Communication is the key and doctors are always busy, so always ask how can we communicate better, who is in your office and can help you doctor, who is your right hand, you need to write that down, that, or you say oh I don't, I'm the only one, you know, or he might have ten assistant but only one good, write down the name of that one good one, or they're not tech savvy, we can help you with that.

What, what's your problem, why can you move forward with a prescribing portal, it's going to take me a while to enter those patients name in your portal, we can do it, I have in a paper, that's what happened, I don't use electronically, we ask for SCSB file, I don't know how to do that, we ask them to fax, the faxes the patient sheet, if you don't do electronic faxes, office.

Next Dr. Take care of that. That's what Rana did. He's seen faxes. Remember Rana? Yes.

[@42:06](#) - **Rana @Voshell's**

For us to get an account is not easy.

[@42:08](#) - **Thuy Cao (Voshell's Pharmacy)**

We have that doctor say, oh, I'm ready to get on board. We haven't seen them. It turns out they're super busy.

They are doing old fashioned way with paperwork. I found that out. Give it to me. I gave it to Rana.

Rana used AI. You know, decoding the handwriting, and I have my technicians doing the 20% left, verifying the information from the fax and what AI had pulled up.

See, as we thought we upload, they're good to go. Yeah, that's more of the OCR technology to pull the handwriting content and pull this.

But my, yeah, my take for you is that the only take is ask questions. Don't sit down there, I got there again.

But after. I got there. That, what happened? What's your problem? They won't tell you. They don't know.

- **Luis Alejandro**

So some doctors, I'm sorry, some doctors are still stuck in the old-fashioned way with paperwork.

- **Thuy Cao (Voshell's Pharmacy)**

And some are very tech savvy.

- **Luis Alejandro**

Yeah, what we want to do is help them with that particular issue that they may be stuck with. But nowadays, I know everybody has a phone.

I know that, well, when I fix my phone, I know that I can scan documents in my phone, literally, and make things a lot easier.

So part of this is also educating them and seeing a way for them to have easier working practices, I believe.

This is something that we're, that we're, that we're doing. Okay. Okay. I just want to, I just want to point that in mind because we're not only calling because of the medicine, but we're also making their lives alive.

of we're to be It's easier for them to work even better. Yeah.

- **Thuy Cao (Voshell's Pharmacy)**

Got it. Thank you. And that's why Ryan, I have you on this call as well. So that you can see what I'm trying to do with infusion, same thing.

That kind of individualized attention, how to get around the doctors that have those bottlenecks. It's the same process with Soleil, but it's just a different, it's not a compound, it's just an infusion.

Right. But the core is the same.

@44:38 - **Ryan Christmas (iamryanxmas@gmail.com)**

It's a different product, but the rules are all the same essentially, right?

@44:43 - **Thuy Cao (Voshell's Pharmacy)**

Yes, yes. You got that? Okay, yeah. So there's a few ways to send a prescription. Electronically is the best one.

It goes directly into our system Pioneer. It goes to the queue, we see it. it. We're working on it.

Phone calls, we allowed it in, but at the end of the day, down the road, we are not gonna allow it, any more phone calls.

Why? Because phone calls, that's interpretation. That might mean miscommunications prone to errors. Also for liability purposes, it can be not a doctor, it might not be secure.

It can be, for example, one of their employees who's trying to get something and then calling on behalf of the doctors.

So doctors can have the system calling on their behalf, as long as they provide us information. It's our job to verify that information afterwards.

So eventually it's gonna go out because I cannot scale. I cannot scale the business if all the doctors were calling and wasting my time on the phone with them.

question. This is my work In the next minutes. Oh wow. Thank Plus, I cannot have AI bot working for me, right?

Here goes in the queue, I can have, I'm working on, we have a bot, electronic bot, we're training in order to do that data entry part.

So less burden and less errors for us. Paper drop-off, they used to be able to drop off, they're still old-fashioned.

Eventually, down the, in the future, we won't allow it. So if you're going to the doctors, give them only two options, that will be this one, and the prescriber portal that we just made, number two, that's it.

Facts, old-fashioned way, don't even offer it, okay? And then, and then the phone, you know, calling in and the phone, sometimes they leave a voicemail for us.

That's what I mean here. Sometimes they leave a voicemail. They bypass it. But you leave a voice now for us to capture, because, but sometimes they're talking on the phone, they forgot something, then we have to go back to them and ask them, what do you mean by this?

So there's a lot of back and forth sometimes. Or sometimes, and some of the technicians taking that, and I mean, and they're not converting into the system, you got to understand the journey.

So then when they ask, when the doctor asks you why you're not using those anymore, well, we are trying to make sure there's less errors.

It might be convenient for you to pick up the phone, but there's a translation error that we're trying to minimize from you to the phone, right?

From the phone to the prescriptions that we type it in, and to actually the compounding that we make. In here, the prescriber portal, we make it so that they choose the one that they want.

you. you. It has a formula ID, the bot picture that formula ID, drop it in, make it a label, and that formula ID is exactly what my technician is going to work on.

It's not about three or four ingredients. Does that make sense? I'm going to show you how actually it looks like.

You're going to see it's a headache, but that's why we're here, but we want to minimize as much as possible, and it's free.

The prescriber portal here that we made is free. This one, they have to pay the prescriber electronic version. They have to pay per transmission.

So let me look at compound, right? My list of compound. Look at this. C-biased. Look at what I'm dealing with.

And if I sort it out, you're going to see. So there's 0.25 mg of bias, progesterone 50, testarone 0.3, out on 0.5 g.

And it can be exactly the same, a little bit different. Can you imagine trying to find it? So we got it.

Basically, our job is translation. But if we give that number, if I give this number on my portal, and that's the one the doctor himself chose, I'm sure.

That's the one you chose, not me. I didn't translate it. So there's a margin of human error there, right?

- **Luis Alejandro**

Sometimes a doctor may not be prescribing or putting the right information in there, and it will be their fault, right?

Not our fault. Right.

- **Thuy Cao (Voshell's Pharmacy)**

So that's why we made this prescriber portal for them. Okay. That's the prescriber, you don't see, you're seeing it.

Yeah, you're seeing the prescriber portal. So that is a prescriber portal where all our formularies are here. They go and pick up whatever they want, right?

And they can, so the prescriber portal, they can also message us. It's HIPAA compliant. We have... If need something, we message them.

We need clarification, we message them. All the orders goes in here and goes directly into Pioneer.

- **Luis Alejandro**

So this is basically where they can mix their prescription and say, I need a little bit of this, a little bit of that, a little bit of this, and then send it out to the portal and then it automatically forms an order.

Yes. So that's how it comes in and it forms the order for us.

- **Rana @Voshell's**

How long have you guys been using this portal?

- **Luis Alejandro**

We just made it. It's been a month, yeah.

- **Thuy Cao (Voshell's Pharmacy)**

A month, right? Yeah, a month. it's December. December with beta testing in January was live. And that's why we did those campaigns.

And I wish Andres was here because we need to push this. That's what you did, Rana and Austin, you faxed it to the doctors.

Yes. Yeah. And that is actually the last, I'm sorry, the last stop for your SDR, the closing part, you got your call with the doctor, she's ready to go on board, we're teaching them how to sign up for this, this is the list, and then we know she signed up like 10 hours ago, and that goes to Pioneer.

And then we go to look at GHL pipeline plus Pioneer, reconcile the two and say, oh, it's a win, they send their first prescription, it's a win, and that numbers that's coming through here, that's how we calculate the sales and everything, right, that's a close, because I couldn't figure it out in Pioneer, we couldn't do that, but in here we can pull out the data, Rana's working on it, and then we can say, oh, it's a

Yeah, we already have data.

- **Rana @Voshell's**

So you have the patient journey from A to Z now, right?

- **Thuy Cao (Voshell's Pharmacy)**

So that is how. We do the day entry now, we're trying to do with the bot, it gets to the field station.

We're getting payment here, through here now. So we're getting, we're trying to not to do, we used to do by credit card.

Here's what's happening with credit cards. Credit cards expire, they get fraud, we're going to call back the patient. It takes about a day, two days for us to get an answer.

So I say, heck no. I am chasing after credit card, I need to streamline that process. So I found here now, now every time we do the data entry, it always triggers in the priority field.

And it, it sends a text out. What? Actually, they have to go before I vet them. I'm thinking about it.

I should give it to you. So you can show to the doctor, this is our process. So they can see, oh, they're thorough.

I have a peace of mind. So, and that is what Rana is working on for me for my dashboard to see, okay, it's part of the chain link.

I need him to pull data for me for actually how well we're doing with those things. Non-strile and strile.

- **Rana @Voshell's**

Yeah.

- **Thuy Cao (Voshell's Pharmacy)**

So that if I see a pattern there, then I can say to the team, uh-oh, I'm seeing a trend.

We are above 72 hours. What's the reason? And I've got to go back to this, trying to figure out with my ops what's happening.

Because you're going to sell on one end and say, hey, we're the champion 24-72 hours. It's where But we're not delivering.

Patients are gonna call your doctor, what the heck is going on with this pharmacy you're referring me to? It's been a week, I haven't got it.

That's part of the chain link. Okay? You'll be great, you're bringing this big account, but we're not producing here.

If Rana doesn't give me those data in the right way, in a timely manner, boom, it goes down the drain.

All your efforts for the past six months. Do you get it?

- **Gabriel Terraza**

And is the those hours, like that timeframe, like business? Business hours, yes. We don't come back on Saturday and Sunday.

But I have a question.

- **Luis Alejandro**

So once we get the formula, and we know that we need to get this compound within 24 to 72 hours, and we do not have it, right?

We need to, but we don't have the full ingredients. Like you said, sometimes we need to order. Okay. Does the 24 and 73...

@59:01 - **Thuy Cao (Voshell's Pharmacy)**

We're bypassing this. We're not wasting our time. We know the doctor is going to pay us because we got his credit card.

We're good to go and we can go here. Complete it. That is the best business model you can have.

That's why we're trying to push for this, not the other one. And when I do that as the onboarding, the second time, I always ask, so I always put in the back of the ear, we have two business double.

It depends on what they feel like. Try the first one, this route. If it doesn't work, tell them do this one.

Then you know your patient is going to be compliant because they're going to have to have the med. You're controlling the outcome.

You're sending me a prescription. I make it. I send it. I make it. I send it. They're going to be compliant.

This way, some much at off It's finding out why they're unhappy with the current pharmacy. I always ask, so who are you using now?

I'm using this. So, oh, it's a great pharmacy, so why are you not happy with that? I never say anything bad about them.

I say, okay, I know it's a great pharmacy, we're working with them, you know, they're professionals, we see each other through webinars and things like that.

Why are not so happy? Oh, they're turning around town, suck. Oh, customer service. Oh, let me, give me a few patients.

Some of you are difficult patients, that's how you get in, Luis and Gabriel. Never be afraid to ask who they're using, and ask for the business, and ask for the most difficult one.

Right? But never sell yourself short. Yeah, I think that's the

- **Gabriel Terraza**

The best approach that we have, right? We have quick turnaround at times, right? So definitely gives us an advantage.

- **Luis Alejandro**

But we got to use that quick turnaround time, minding what we already have. If we already have that, we're good.

But if we don't have it and we get delayed, I mean, there is some margin of error. We usually know.

Yeah, but that's usually we're trying.

- **Thuy Cao (Voshell's Pharmacy)**

So that's why, that is why, you know, when you say about sourcing the ingredient, that is why you got to ask them, okay, I will turn around in 24, 72 hours time.

They say, great, I'm ready to go on board with your data. Oh, by the way, how many patients do you think you're going to send us?

I want to be ready. I want to make sure I'm delivering it to it. Ask another question.omoom.comom.com . ...

. . So how many patients do think? Oh, five. Then you know it's a small account. But from the start, you should have asked the questions.

Okay, it's five. Okay. Oh, I've got a 200. I'm like, oh, what the heck? I need to know. So you got 200 patients.

So can I help you aborting them? How often? And when are you prescribing? I want to make sure that I have all the ingredients and stuff just for your patients.

ACTION ITEM: Draft standardized onboarding Qs for Luis, Gabriel; then collect volume/frequency/right-hand - WATCH

Then I'm ready. What do you think? It's just not, oh, great, you're on boarding and forget about it. You, your job is also to find out, okay, how we can prepare the team for what's coming.

And that's what's right now. We have to build that so you can write it down. So we have to come up with those questions, all of us, same questions, so that the back end is ready.

Imagine that one month, both of you are doing great. You're bringing me two accounts each. Each account is Finishing it.

So that's point of sale. It's in your status is completed, right? It's for Rana here. So it's the completed status here that you want to look at.

And it's going to be home delivered or out for delivery or shipped or picked up at the pharmacy. It's only counted when it's completed, right?

Yes. That's almost done. Because doctors sometimes send in advance a prescription because I'm on vacation or because they're scheduling it.

Let's say that they got on the 1st of January, but they send us another prescriptions on the 20th of January, three weeks after.

it? So patient is not due yet until the first of… February, correct? So sometime we're holding the prescription, we release it only a couple of days later.

So that's why we put things on hold. So you're only counting completed. Okay, I think that's it for me.

Any questions?

@1:06:28 - **Gabriel Terraza**

No, that gives a lot to look into, right? Like organize how we can approach and organize everything, right? So...

@1:06:39 - **Luis Alejandro**

Yeah, it's basically more like the probing questions with each one of the doctors because we want to get you as ready as possible for the prescriptions that may come in the future.

Yeah, this is great information. It's just, you know, just soaking as much as I can in and... very much.

And trying to come up, like Gabriel said, with a strategic way for us to, number one, make more noise about the portal, because this is something that's making things a lot easier for the doctors, this is something that's going to make things easier for the doctors, we need to push that portal, hey listen, we make things easier for you, I want you to take a look at it, there's going to be a webinar, there's going to be an educational way for you to understand how to use it, because we need to provide that as well.

ACTION ITEM: Build PA/DE BHRT prescriber lists in GHL; then Luis/Gabriel call next week - WATCH

We can't just throw a portal there and say, hey, look, you know, you can do it here, but how, you know?

ACTION ITEM: Build PA/DE BHRT prescriber lists in GHL; then Luis/Gabriel call next week - WATCH

Try, try it.

@1:07:35 - **Thuy Cao (Voshell's Pharmacy)**

Try to go to GHL, look into Pennsylvania, you got plenty in Pennsylvania, BHRT. So you want to look into, both of you, one in Delaware, one in Pennsylvania.

So gynecologists, functional medicine doctors, there's a whole database of that. And go reach out to see where she's at, automated with, automated with, Rose Reina, and Andres, Andres, Andres is the one because it's supposed to do that funnel marketing for you, those pipelines on GHL.

@1:08:23 - **Rana @Voshell's**

Yeah, there's a pipeline in GHL for the prescriber portal as well, this new portal. So all the prescribers are in there, which gets updated as anyone sign up.

So when we approve, it's showing the last login as well. So the last login time is the thing that when they use our portal, that's also transparent that you can see on the JSON side as well.

I'll share a kind of long video. And like, when prescriber, like when we consider this as a win, a lead as a win, it's basically when they prescribe something.

thing. But And there's to that's what I Basically also coming into GHL as well, also in the portal as well to see if they have prescribed anything or not, so yeah, this is basically, we have integrated so far, Andres, and then we're gonna of course make it more better for the portal.

Okay.

@1:09:31 - **Gabriel Terraza**

How do we find the ones in Pennsylvania? in... GHL? Yeah. Can we build it in GHL?

- **Thuy Cao (Voshell's Pharmacy)**

That is Andres and Rana, so you should be able to do that. Okay.

- **Gabriel Terraza**

I'm gonna check.

- **Thuy Cao (Voshell's Pharmacy)**

Okie doke. Now you have an overview, so but if you want more details about the ZRT and things like that, yeah, I can go.

and- Do But I think Elle, there was an Elle, you met Elle, but there was an Elle, who was an SDR that I let go.

She was the one doing those calls from Pennsylvania and Delaware. Let me see where is her tracker. If you go to, if you go to the share drive, your sales folder, let show my screen.

So you have access to the sales folder, and if you go to the sales team folder, and it's Elle.

to start with her. Ellie, you can see her call tracker. This is the latest one she did. You can see her Delaware providers list.

She didn't have any. She didn't. Why is it empty? And just maybe reload the tab.

- **Rana @Voshell's**

I did.

- **Thuy Cao (Voshell's Pharmacy)**

Is somebody deleted stuff?

- **Gabriel Terraza**

Not sure.

- **Thuy Cao (Voshell's Pharmacy)**

That is not good. She had Delaware. Delaware. Okay. Mm-hmm. Yeah. my Okay. Oh, okay. Okay. Okay. Can you revert some versions back or no?

Okay, let me check.

- **Rana @Voshell's**

you show me the link of this Google Sheet? I'll call Trigger. Let me check.

- **Luis Alejandro**

Do we have any recordings on her calls or anything like that?

- **Thuy Cao (Voshell's Pharmacy)**

Yeah. I'm going to Slack it to you now, Rana. Thank you. But it should be in GHL, but the tracker shows exactly what she did.

But I know they were there, what happened. Yeah, GHL does have recordings. Yeah, but that was the most important one, this one, because she was the one who was making phone calls.

later. I can go read click. You It was doing 50 a day, whatever, what was the number we did?

Can you click on file on the top left?

- **Rana @Voshell's**

Oh, wait, wait, on the right, the third icon to the shares, share button. There's a, there's a time, yeah, this one.

So if you see the version, it's a two library version. Let's go to January 29th version of Ellie. No changes.

Go back a bit. Oh, you know, there's no changes. Click on February 2, this month. Okay.

@1:13:48 - **Andres Victoria**

If you can click on February 2. Okay. Maybe that was not here because that's the volume.

ACTION ITEM: Reconcile Ellie call tracker to GHL; assign owners; then Luis/Gabriel call next week - [WATCH](#)

@1:13:59 - **Rana @Voshell's**

volume of The older versions. Here. Okay. January 28th. Okay. All right. Let's click on the restore this version. See, that's Delaware.

ACTION ITEM: Reconcile Ellie call tracker to GHL; assign owners; then Luis/Gabriel call next week - [WATCH](#)

@1:14:21 - **Thuy Cao (Voshell's Pharmacy)**

You guys have to do it and don't restore, but go back here, making sure these are actually in GHL.

You get, do you understand what I'm trying to say? Because it looks like different versions every time. Yeah. mean, it updates everything.

So if I restore to this one, this one, I'm not sure what's going to happen to them, but.

@1:14:57 - **Gabriel Terraza**

So you, you do have, this is down.

@1:16:00 - **Thuy Cao (Voshell's Pharmacy)**

By state, and then by functional medicine doctor or primary care doctor, and then you have your target. You have to start, yeah, you can start calling.

Or make up a pipeline with, you know, Andres and Rana on how to reactivate and reproach from the data that you have here, I'd say.

Galwyn, let's see if she's there. Oh, she's here. She entered them. If you can filter by state. I'll let you handle that.

I think we understand what you're saying Andres, but Luis and Gabriel want to work on something, start calling, working on something next week.

So tell them what to do now, basically. They've got to start, but they've got to dig into the work that was done there.

So what's the best way for them to do that? You're totally right.

@1:20:25 - **Andres Victoria**

By now, we would do it just manually, but I just wanted to make clear that that's something that we need to, I think, prioritize.

That would be, you know, I think Rana and I should work on it. And, and yeah, by now, as you said, Thuy, I think it would be, you know, pretty much manually, but these days, but once we have that sorted out, definitely, we're just gonna, you know, like, have clear and structured data.

So you can, you know, go directly to the... So can, can you be clear on what, what you mean by...

@1:21:00 - **Thuy Cao (Voshell's Pharmacy)**

By manually, it means that they go in here, and then manually put their notes here. That's what you mean.

Correct. And not hyperline or anything. So manually saying, hey, I spoke to her, and okay.

@1:21:14 - **Andres Victoria**

But it won't be recorded anywhere, so it will be also in vain.

@1:21:18 - **Rana @Voshell's**

I would say we already have our past pipelines, so we can use that one for now. And then when we will have a more, you know, the structure within, we will, of course, migrate toward that new pipeline.

- **Thuy Cao (Voshell's Pharmacy)**

Since we have us- First thing first, if you start working on something, I'm sorry, Rana, for Gabrielle and Luis, if you start working on something, just assign it to yourself on the top here, then you'll able to pull whatever you worked on this past week or whatsoever.

So when Andrews and Rana finish the pipeline, they can pull the data from here and assign it

- **Rana @Voshell's**

So yeah the owner should be exactly like Luis you're working on any of the contact there is owner or assigned you should assign yourself the lead or contact and then you know keeping up with that properly and then of course there is opportunity drop down as well that you will need to connect to the pipeline as well um yes we do have a smart list that we've been using for prescriber list in the past but since uh Andres is here so we can of course make it more structured and more clean enough now got it okay yeah we'll um yeah so then yeah we'll we'll contact these um these leads and just kind of like find out like if they're dormant um just look into that information and and i guess let you know that way you can structure it uh we can categorize it right yeah yeah

- **Thuy Cao (Voshell's Pharmacy)**

I think I don't have anything else for you guys, that's it for me. I just need to talk to Andres and Rana, but for the sales, for Luis, Gabriel, and Ryan, I think we're going Good.

Okay. All right. Thank you so much, guys.

- **Luis Alejandro**

And nice to meet you, team, and we'll be slacking if anything comes up. All right. My Slack is open as well.

Feel free, and we'll be in touch, Gabriel. We've got to huddle up a little bit later if you want, so we can go over a few things.

Yeah, for sure.

- **Gabriel Terraza**

That's great. Awesome. Thank you so much, guys. Have a beautiful Thursday.

- **Luis Alejandro**

Stay thirsty.

- **Rana @Voshell's**

Thanks, guys. You too, guys. Take care.

- **Thuy Cao (Voshell's Pharmacy)**

Bye guys, so two things about the, did you, Andres, did you attend the BHRT webinar last night? Or no?

I don't know. No, I was working on precisely what we were discussing now, organizing the data.

- **Andres Victoria**

So that's why I asked you that I need the access to the main account. Okay. Do you got it?

- **Thuy Cao (Voshell's Pharmacy)**

Not yet.

- **Andres Victoria**

I'm just waiting to Austin to get back to me. Well, I haven't checked because we were in this meeting.

Okay.

@1:24:48 - **Thuy Cao (Voshell's Pharmacy)**

I misliked Austin.

@1:24:50 - **Rana @Voshell's**

But do you see, and do you see any comparison between the irritable prescribers and the GHL prescribers? Are they good or are they duplicated?

Do you find any data difference?

@1:25:02 - **Andres Victoria**

Yeah, Rana, actually what we saw, what we discovered with Gabriel is that, I think, I don't know, we have like lots of duplicates on GHL, I think because that might be, in my opinion, I think it's happening because I think the format of the expert files might be not properly updated.

So I think the only thing that you need to do is update it so we don't have too much duplicates.

@1:25:35 - **Rana @Voshell's**

Yeah, we do have a smart list in the contact, so if you see the existing prescribers or the new smart list is basically used for, like, there was a patient compound active of 9th to 1st of January.

So like, we do have a different smart list and I hope they doesn't contain any duplicates there and that's very clear.

ACTION ITEM: Schedule GHL smart list review w/ Andres re: prescriber duplicates - WATCH

So if you go on... Smart list on the contacts. That's much clearer. Yeah, maybe we can, if you have time, can jump into a meeting, you and I, and we can review that, so you can help me to point out where direction should I go.

@1:26:14 - **Andres Victoria**

Sure.

- **Thuy Cao (Voshell's Pharmacy)**

Okay, so. What was my questions? I lost track of my question guys. Sorry. Sorry. No, it's okay. I was listening to you and I'll strike up my questions.

What was my question? That happens when you have a lot of work.

- **Andres Victoria**

Yeah. mean, you were talking about the BHRT webinar.

- **Rana @Voshell's**

Yeah, I was talking about BHRT webinar.

- **Thuy Cao (Voshell's Pharmacy)**

It's about the BHRT kit. Okay. The document I sent you yesterday. a weekend. Bye. okay the territory okay i didn't sign or sign them it's good to figure who is who so i assigned a territory and just to be clear i assigned them remember during the onboarding so for BHRT hormone BHRT Pennsylvania is Lewis Delaware is Gabriel the girls Ellie and Laura it's Maryland and Washington D.C.

okay the guys so Lewis also have urology one more specialty urology on all the states okay Gabriel's has ophthalmology in all the states all right but there was a list of some you

- **Rana @Voshell's**

I which stopped using, doing prescription, so that might help them as well. Why is that list? I did send you some weeks ago and you were like, you will assign the SDR yourself, so I'll ping you again on Slack.

That should be the same list I know.

- **Thuy Cao (Voshell's Pharmacy)**

It's also on the dashboard by the way, but let me send you the list again. No, that's the list you sent, I remember, that's the list you sent out to the girls, and there was one big account that you, it was neutral health patients, and I said, don't send it to them until I see it.

That is that list, right, you're talking about? Yeah, that's sent to you only.

@1:29:46 - **Rana @Voshell's**

That has different names as well. So it is not sent to anyone, so that's... Where is it?

@1:29:57 - **Thuy Cao (Voshell's Pharmacy)**

I'm just checking... checking... Okay, yeah, that's the one. Andres and Rana, honestly. So this is what's happening. So that's the document I just shared with you.

Can you see my screen? Yep. Okay. So stage one, they purchased the kit. We talked about it yesterday with Rana.

Yes. So they can purchase three ways. They can purchase it through I'm gonna put it here. I saw your message.

@1:32:29 - **Rana @Voshell's**

Just email to the EPI, one of the delivery services, right? That's gonna be helpful.

@1:32:36 - **Thuy Cao (Voshell's Pharmacy)**

So there's three ways to purchase. So through the website, through the prescriber portal, when the doctor sent a new prescription over, and also on HealNow, which is our payment platform, which upsells them things.

So let me create you. And in today's presentations, I, I went over some of that. I can send you the, the, the transcript.

The, the here now and also, so the here now is a payment portal. What is this?

@1:33:27 - **Rana @Voshell's**

ZRT lab is basically the lab test that we get, right? Yes.

ACTION ITEM: Build ZRT kit tracking in Pioneer/GHL; then implement 1-wk consult booking - WATCH

- **Thuy Cao (Voshell's Pharmacy)**

Two ways to buy this, buy the kit. So it's not counting the funnel, which we're trying to do, right?

ACTION ITEM: Build ZRT kit tracking in Pioneer/GHL; then implement 1-wk consult booking - WATCH

Later. But those are the three ways. So you got to find a way on putting the tracking number, each of the kits.

It has a tracking number. That needs to be on. In. So we're going to put in Pioneer first. So when a prescription is sold, it doesn't matter what.

So when a prescription is sold, this field here, the receipt field here, that, no, no, it's not the receipt.

It's completed.

@1:34:38 - **Andres Victoria**

The recipe or? No, the tracking number, talking about the tracking number.

@1:34:45 - **Thuy Cao (Voshell's Pharmacy)**

Okay. So when it's sold at the POS, this receipt is generated. And here, usually, we... We need you to build an automation, so from here, the kit is received, right?

The patient received it, and then that tracking number, you should have an automation where you can, can we detect, can we do this?

@1:36:19 - **Andres Victoria**

Yeah, like track, you mean like track the- That they received it. The delivery service, yeah.

- **Rana @Voshell's**

Yeah. Okay. This is for you.

- **Thuy Cao (Voshell's Pharmacy)**

I don't know. Okay. So we have to figure it out on how to do that, right? From here to here, with the tracking number that is in Pioneer.

The reason why is that because they're going to, they're going to receive it, they're going to take the test.

However, we want to make sure that they do the test in a timely manner. I have the patients, for example.

have T that's you. By

- **Rana @Voshell's**

So the lab, which is called, you have emailed them as well, ZRT lab, so that we can see how much delay are going to be from the ZRT lab side.

So like, you know, I know you have emailed them as well, but are we going to find some integration from the ZRT lab so we can see the order status or submissions or is there any?

- **Thuy Cao (Voshell's Pharmacy)**

Let show you here. So ZRT lab, this is how it comes in. I can give you, I can give you my login.

I think they emailed us. So the lab coming like this, right? Receive order kit. Oh, that's the tracking number.

So you can go by this tracking number, I guess.

- **Andres Victoria**

And my quick question would be, that's the only lab that we're going to use or several different? Yes.

- **Thuy Cao (Voshell's Pharmacy)**

Right now we're only using this one. We might, if we go internationally, we have to use probably something different.

But right now, that's the only one we use. So that's the tracking number. What does it say? It just shows the status.

- **Rana @Voshell's**

Perfect. No. This is recent order kits.

- **Thuy Cao (Voshell's Pharmacy)**

This is when we ordered the kits coming to the pharmacy who asked to give it out to the patient.

This is not the right one. Okay. This is order kits. That's not it. This is it. I don't know.

There's no tracking associated with this. Go ahead.

- **Rana @Voshell's**

Can you click on order kits? No, it's for me to order kits. And then on report, what is it?

This is actually the patient evaluation form.

- **Thuy Cao (Voshell's Pharmacy)**

Okay.

- **Rana @Voshell's**

So when you see their name, it means that we got their lab.

- **Thuy Cao (Voshell's Pharmacy)**

Yeah. But it has nothing to do But right now, that's the only one we use. So that's the tracking number.

What does it say?

- **Rana @Voshell's**

It just shows the status. Perfect.

- **Thuy Cao (Voshell's Pharmacy)**

No. This is recent order kits. This is when we ordered the kits coming to the pharmacy who asked to give it out to the patient.

This is not the right one.

- **Andres Victoria**

Okay. This is order kits. That's not it. This is it. I don't know. There's no tracking associated with this.

Go ahead. Can you click on order kits? No, it's for me to order kits. And then on report, what is it?

- **Thuy Cao (Voshell's Pharmacy)**

This is actually the patient evaluation form. Okay. So when you see their name, it means that we got their lab.

Yeah. But it has nothing to do Do with the so I don't know, we have, you have the contact of the person, and ask them, I don't know.

Or Greg. Yeah, we only using, so right now, we are in communication. Okay, but just for us, well, you know, like not to get confused, you told me that actually the tracking number is not exactly the number that you need for, for the, for tracking the, the order, right?

Right. It's the other number. What's the name, what's the name of the other, of the other evaluation number? Yes.

This is not, this is the tracking when they're signing us kits in lots. So it doesn't track. The only way to track is probably via UPS.

Yes. The only one, the one, what we need to track is the. So when you got an evaluation number with a name, actually with a name, then it means that it needs to trigger it needs to trigger the consultation okay so once you see your name it will trigger a consultation for us that we need to send a link to the patient saying hey our pharmacists are reviewing your lab work when is the best time for you to book a consult with our pharmacist.

@1:43:00 - **Rana @Voshell's**

And then we send them a link to book the consult. Okay. Don't give them the whole week. I don't know if there's a way to do that, just give them a few options.

@1:43:11 - **Andres Victoria**

I don't know, within a week timeframe. But don't give them, does that make sense? I don't want you to give in GHL a calendar link for the whole month.

@1:43:24 - **Thuy Cao (Voshell's Pharmacy)**

Yeah, Mac, tops one week. Yes. Can you send me the logins for the ZRT laboratory? Yes. I'll check that.

And I need to check the Pioneer tracking number, sorry, the tracking number in Pioneer as So we can send in the GHL and then proper make a pipeline there with a CRT lab API or some integration.

I think that's what we're going to do, Andres. Yeah, that would be great. If you can just, you know, like pull it from, from Pioneer, I can make the workflow from GHL.

Okay. Because Voshell with an S or not an S? And with an S. Oops. All right. Give it to you already.

All right. What's next? Yeah, so. Oh, here's some lab offer. So that's why you, we're trying to figure this one out.

So we're using the, you know, seeking the permission for you. I know. don't know. That's right. Okay. So, we need a prescription from the provider.

Here's the caveat. Without a prescription, we cannot make a compound. So we need to do a reach out to telehealth doctors that are willing to work with us if we're sending them and are readily available.

@1:45:31 - **Andres Victoria**

If we send them patients like this, let's say the patients like the consult. We finish the consult with a pharmacist.

They say, okay, great. I want a prescriptions. Do you have anybody you recommend? If we, if we send them to that doctors, it's going to take some time because we don't know if that doctors is well-versed in functional medicine and BHRT.

emergency. be go Or not, and sometimes primary care doctors takes a long time, so we need to have a selling point there with a patient on how to get them set up with a network of providers that we have vetted.

ACTION ITEM: Draft provider-matching questionnaire; then build GHL form/workflow - WATCH

@1:46:18 - **Thuy Cao (Voshell's Pharmacy)**

I need your help on that part, I don't know how. Okay.

@1:46:28 - **Rana @Voshell's**

Do you understand, Andres, the dilemma here?

@1:46:31 - **Thuy Cao (Voshell's Pharmacy)**

Yeah, I understand. I think, I think that the best or the easiest way would be, you know, like having a questionnaire where we can, we can understand what are the needs from the patient.

And since, you know, with, with the questionnaire or the questions answered, what we can do is that, you know, maybe send them to a list of doctors that we know we, they would, you know, like help them, you know, faster than, than.

And uh!

- **Andres Victoria**

So that it can trigger us to go back and get a prescription from the provider.

- **Rana @Voshell's**

So for now we have, we do have appointment forms already embedded in the website as well. So we can use some kind of that appointment form, which is basically a GHL appointment form embedded in website.

- **Thuy Cao (Voshell's Pharmacy)**

And then it store like securely all the information if they have, you know, subscribe, if they have booked or not.

And then the other way is like, of course, other tools like L&L, but I think that's, that one is working better way.

Like appointment form, just like we have on the website.

- **Rana @Voshell's**

So we can make up appointment form and then make a proper workflow that store basically, or gonna bring if there's like, if they have booked or not, that's better way.

Yeah, I think that work, that would work is, yeah. Like once they, they, they book an appointment. What we do after that is that we sent, you know, like maybe an email or an SMS asking them if they booked.

If they say yes we send them to the list that's appointment like the webinar even in the webinar appointment booking or the website consultation booking we are doing this like how do i manage it from a doctor standpoint guys like for example the doctor the patient book the appointment i send that request to all my doctors and whoever sign up first get the the patient how do i do that so there will be a proper first of all there will be a new appointment form with the like their details once they set up a meeting they will be this will be triggering a workflow or automation in our as usual then then we will be either notifying you or assigning it automatically i'm not yeah i better go

- **Thuy Cao (Voshell's Pharmacy)**

We can do both, like offer them the list, so they can use whatever they want, or we can assign them one already, that way we control the environment.

Okay, I like that, okay. So I'll show you the link of appointment. If you have any details that you want to mention in that form for booking the appointment, you can send it to me.

- **Rana @Voshell's**

And we're to make the appointment, of course, connect this with a workflow for you to basically check. So can you answer a comment on here?

ACTION ITEM: Add comments to shared doc re: prescriber-portal/revenue/NAD+ workflows - WATCH

How are you planning to do that in a short so that he knows, Brian knows? What we're trying to do here?

In this section?

- **Thuy Cao (Voshell's Pharmacy)**

Yeah. Okay, yeah, I'll leave a comment for you.

- **Rana @Voshell's**

Let me do this again. Thank you. Next question is that, how do we receive data when medication has been prescribed?

How does the business get paid? Well, we're receiving data through the portal, right?

- **Thuy Cao (Voshell's Pharmacy)**

Yes. And it goes into GHL, right? Just the prescriber data, like when they logged in and the number of prescribers who signed up.

- **Andres Victoria**

But if you want the prescription data as well, then I can talk to Voshell as well, so he can send me the prescription data from the portal.

But you're going to get in Pioneer. We're already getting in the Pioneer. That's what I'm saying.

@1:51:45 - **Thuy Cao (Voshell's Pharmacy)**

Yeah, we don't need the portal. So we already have a lot of data in the Pioneer.

@1:51:51 - **Rana @Voshell's**

So you want to get through Pioneer into GHL, right? Yes. that how you plan to do it? So to receive the data when medication...

So we need to send a notification to the doctor, the prescriber, that we have received your prescription or something like that through the GHL.

@1:52:12 - **Thuy Cao (Voshell's Pharmacy)**

What is the notification purpose of this in this question?

@1:52:19 - **Rana @Voshell's**

He's asking if we are able to get that information and it's yes. When the doctor prescribed? Yes. Yeah. Okay.

Yeah. But I need to go into GHL.

@1:52:32 - **Thuy Cao (Voshell's Pharmacy)**

Yes. I mean, we can do that.

@1:52:35 - **Rana @Voshell's**

Of course, we do have a prescriber list. I think it would be a notification and the notification would be sent to the patient.

Yes.

- **Thuy Cao (Voshell's Pharmacy)**

Next question. How does... Go ahead, Rana. Yeah. Like we have a sheet as well that basically manages the updated prescription coming from the prescriber.

So we... So how does a business get paid and does a revenue tracking workflow look like? That's for you.

That's for you to comment. The invoices in Pioneer is the only, I think, the base of this. Like we're not using any other invoice rather than Pioneer invoice or like GHL does have the invoices system, but we're not using that.

There's no invoice. There's no invoice. It's in get paid in Pioneer. Yeah. Can you comment in here whenever that's yours?

Okay. Yeah, I can. Not even finish. So this is why we're trying to educate and onboard health professional in two areas, the knowledge and how to work with and how a system works.

So to minimize. Maximum as a workload, a maximum compensation. Here's the problem. I don't know how we're going to tweak that in terms of marketing.

We cannot compensate them.

- **Andres Victoria**

Okay. Definitely I'm going to dive into.

- **Thuy Cao (Voshell's Pharmacy)**

So we are, I've been talking to lawyers or probably try to figure it out. So if we, if we do, so the patients pay us directly for the, the kit.

Consultation is part of the kit. We're not getting paid for that.

- **Andres Victoria**

We get a prescription. We're getting a doctor. We're not paying the doctor. The patient has to pay the doctor.

So that is a hurdle there.

- **Thuy Cao (Voshell's Pharmacy)**

Unless maybe we have to find out if we allow to take payment for the doctor and then send it to the doctor, but it's.

It's not good practice because they're saying we're steering them. There's an anti-kickback law standard. They say we're steering them.

So that's why best case scenario is that at the beginning, we get a credit card. They're paying for the kid, and they agree to pay to use the same credit card for the doctor.

Then we can, and they agree for us to give that information to the doctor.

ACTION ITEM: Research compliant patient-payment options; then update Thuy - WATCH

- **Andres Victoria**

Then we give that information to the doctor. The doctor charge that fees. Then the doctor doesn't have to collect the credit card one more time and bother the patient.

- **Rana @Voshell's**

What do you think? Well, that's a good one. That's a really good one. I will have the idea, but for now, I think it works.

But let me check what else we could round about so we can avoid that friction. You see mean? And

- **Thuy Cao (Voshell's Pharmacy)**

And we also need to work with Marianne on her side, and plus RapidDev. Yeah, actually, I've been working already with the Concierge staff.

I'll send it to you in a while. Okay, sounds good. And then she can start working on the NAD+.

Yep. The flyer for NAD+, that I mentioned, because we have a provider. I don't know how to tweak that package for them.

ACTION ITEM: Draft NAD+ infusion flyer for provider - WATCH

Yeah, but that's Laura, right? Or?

[@1:59:33](#) - **Rana @Voshell's**

No, it's not Laura. Laura is no longer marketing. Okay. So that would be for Marianne?

[@1:59:40](#) - **Andres Victoria**

The NAD?

[@1:59:41](#) - **Rana @Voshell's**

Yeah. It's coming from you. Yeah, yeah, yeah. I know. But it would be for whom? For Marianne or for Laura?

It's for me. Okay, good. Yeah, it's for me, and one of my providers is asking that. And then I can look at it, and then I can, we can blast it on social.

[@1:59:59](#) - **Andres Victoria**

Yeah. So we did that fax out, Rana, about the prescriber portal that we were not prescribing anymore.

[@2:00:14](#) - **Rana @Voshell's**

Retail, then a lot of doctors call in yesterday and then sign up. So the prescriber portal, if we can utilize it as much as we can, it's going to make our lives better.

So much easier. Okay. So we already sent email campaigns and fax to the prescribers that we can. Yeah. But again, we're sending a like three weeks or four weeks of a follow up email as well.

So you can join in for this.

- **Thuy Cao (Voshell's Pharmacy)**

But I'll show you the email kind of template that we that we used before. So yeah. Okay. Okay. Yeah, definitely.

have to take a look at it. Hmm. Uh... Mhm. um okay so yeah yeah i'll work on that i'll work on that flyer too okay a lot for you andres yeah the marketing thing was a bit you know needed more focus so i think we're gonna be fine now i think so right rana you see rana saw the disaster for the past two months because i was i remember i was doing the fax and email campaigns the marketing side of things also i was like well you know the other side as well so yeah this is very helpful for me as well because you know the marketing this is sending the campaigns or or you know the the prescriber portal onboarding stuff that's gonna be helpful yeah let's let's go i mean hey go get them and use um we'll use vanfie to do some of your stuff rana i told you and austin yes all right that's it for me thank you and andres nice talking to you on what